



CITY OF BEND

UTILITY BILLING ASSISTANCE PROGRAM
APPLICATION
(Water/Sewer)
For Delinquent Customers Only

City of Bend Account Number _____

Applicant Name	Last 4-digits of Social Security #
Co-Applicant Name	Last 4-digits of Social Security #
Current Service Address _____ _____	Current Home Phone # _____ Alternate Phone #
Email Address:	

Total number in household _____ Ages _____

Applicant's Employer Name _____

Employer's Address _____

Co-Applicant Employer's Name _____

Employer's Address _____

Gross Monthly Income:	Applicant	Co-Applicant	Total	Rec'd Docs
Wages	\$	\$	\$	
Unemployment	\$	\$	\$	
Food Stamps or SNAP	\$	\$	\$	
TANF	\$	\$	\$	
Alimony and/or Child Support	\$	\$	\$	
Rental Assistance	\$	\$	\$	
Retirement	\$	\$	\$	
SSI/SSN	\$	\$	\$	
Financial Aid	\$	\$	\$	
Other				
Current Bank Stmts (3) <input type="checkbox"/> Yes <input type="checkbox"/> No (Including Savings) <input type="checkbox"/> Explain all Deposits				

Eligibility Requirements/Program Details:

- City of Bend water/sewer customers **ONLY** may be eligible, **if currently delinquent**, for **up to \$150**, to be applied to their City utility bill (water, wastewater and/or stormwater charges). **Sewer only customers are not eligible.**
- Your water service must be provided by the City of Bend.
- Assistance is available for active accounts only and application must be in the name of the customer of record.
- Assistance is limited to **one time** emergency benefit.
- The maximum assistance is **\$150**, and is limited by available funding for the program.
- After receiving assistance under this program you will not be eligible for the City's Senior Citizens and Disabled Persons Reduced Sewer and Stormwater Program for 12 months.
- Assistance is not available if you have received assistance under the City's Senior Citizens or Disabled Persons Reduced Sewer and Stormwater Program within the last 12 months.
- **Income level is your household income, meaning the combined gross earnings of *all* adult persons living in the house per year. See limits below:**

Income Limits	
<u>Household Size</u>	<u>Income Level</u>
1 person	\$39,000 per year
2 persons	44,600 per year
3 persons	50,150 per year
4 persons	55,700 per year
5 persons	60,200 per year
6 persons	64,650, per year
7 persons	69,100 per year
8 persons	73,550 per year
Each additional household member	4,450 per year

Borrower/Co-Borrower must review and initial each section below:


Initials

I (we) certify that total household income for **ALL** occupants of the household does not exceed 80% of the HUD median income, adjusted for family size and location, as calculated based on the Income Eligibility Calculator located at <http://www.hud.gov/offices/cpd/affordablehousing/training/web/calculator/calculator.cfm>.

Applications will not be deemed complete until the items listed below are received by the City of Bend.

Please complete the application and return it with copies of the following items that apply. Please check the items you will be supplying with your application. Do not enclose originals unless the City of Bend may keep them.

Customer receives water service from the **City of Bend**
Customer's account is active and delinquent
Application is in name of customer on record
Customer has not received one time assistance or Senior/Disabled discount
Application is signed and initialed in 3 places
All co-applicant information is provided
Current tax return supplied **OR**
2 most recent pay stubs **AND**
3 months of bank statements, checking and savings, deposits explained
Income verified
Driver's license or other documentation to verify citizenship for all applicants
Copies of retirement or pension accounts
Social Security income
Disability income
Unemployment income
Child support income
Food stamps (SNAP)
TANF
Rental Assistance
Alimony
Retirement income
Other income
Other adults 18 or older living in the home, need income verification
Income statement and balance sheet if self employed

The undersigned agrees to and understands all program guidelines. The undersigned further assures all information contained in this application is true and correct.

Applicant

Date

Co-Applicant

Date

NOTE:

This is the preliminary application and information required, but not necessarily the only requirements. Once the application has been processed, if additional information is required, city staff will notify you of any additional information needed.

Initials of Applicant/Co-Applicant _____

NOTE:

Funding is limited and may not be sufficient to fund all applications. Therefore, applications will be processed in the order in which they are received. **Incomplete applications will not be considered.** Applicants receiving assistance will be notified via phone. If you do not hear from us within 30 days we were not able to provide you with assistance. Even though you have applied for assistance, you are still responsible for keeping your utility account up-to-date while the application is in process.

Initials of Applicant/Co-Applicant _____

Public Records and Confidentiality of Application. By submitting an Application, the Applicant acknowledges that information submitted to the City of Bend is open to public inspection under the Oregon Public Records Law, ORS 192.410 through 192.505. One (1) copy of each original Application shall be kept for the City of Bend for a minimum period of one (1) years. The Applicant is responsible for becoming familiar with and understanding the provisions of the Public Records Law.

The Applicant may identify information submitted to the City as confidential. Prior to submitting such information to the City, the Applicant shall prominently mark in conspicuous letter any information with the words 'Confidential Information' and state in writing that the Applicant wishes the material to be held in confidence and the reasons therefore. The City may treat any information so marked as confidential and not subject to public disclosure, to the extent permitted by law. If the City receives any public records request for disclosure of such information, within ten (10) City working days of receiving any such request, the City shall provide the Applicant with written notice of the request, including a copy of the request. The Applicant shall have ten (10) City working days within which to provide a written response to the City, before the City may disclose any of the requested confidential information. Whether the Applicant submits any written response to the City, the City shall retain the final discretion to determine whether to release the receipt of any response from the Applicant prior to releasing such information. The Applicant does not waive any rights to seek a protective order from a court of competent jurisdiction restraining the City from disclosing such information.

Please return completed application to the Utilities Desk at 639 NW Franklin Ave., Bend.

City of Bend Checklist

- ☐ Customer receives water service from the **City of Bend**
- ☐ Customer's account is active and delinquent
- ☐ Application is in name of customer on record
- ☐ Customer has not received one time assistance or Senior/Disabled discount
- ☐ Application is signed and initialed in 3 places
- ☐ All co-applicant information is provided
- ☐ Current tax return supplied **OR**
- ☐ 2 most recent pay stubs **AND**
- ☐ 3 months of bank statements, checking and savings, deposits explained
- ☐ Income verified
- ☐ Driver's license or other documentation to verify citizenship for all applicants
- ☐ Copies of retirement or pension accounts
- ☐ Social Security income
- ☐ Disability income
- ☐ Unemployment income
- ☐ Child support income
- ☐ Food stamps (SNAP)
- ☐ TANF
- ☐ Rental Assistance
- ☐ Alimony
- ☐ Retirement income
- ☐ Other income
- ☐ Other adults 18 or older living in the home, need income verification
- ☐ Income statement and balance sheet if self employed

Approved by: _____ Date approved: _____
City of Bend

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